CIRCULAR No. 2.

Dated Mysore, the 27th of November 1891.

To

The Head of each Department or Office.

SIR,

Adverting to this Office Circular No. 1, dated 26th November 1891, I have the honor to forward the marginally noted printed forms, the use of which is explained in the following.

Form No.	1.	Proposal for first insurance.
"	2.	Proposal for further insurance.
"	3.	Certificate by official superior.
"	6.	Docket forms in counterfoil.

Forms Nos. 1 & 2.

The first page of each of these should be filled up by or for the Proposer and certified to by his official superior, the second page being left for the use of the Medical officer.

Form No. 3.

This must be filled in by Proposer's official superior and enclosed in a separate sealed cover addressed to the Secretary to the Insurance Committee and forwarded with the Proposal.

Form No. 6.

No. (1) is the draft to be retained in the office. No. (2) is the covering docket to the Proposal, to be filled in and forwarded to the Medical officer with Nos. (3) and (4). No. (3) will have to be filled in by the Medical officer and returned to the forwarding officer. No. (4) to be forwarded to this office by the Medical officer with the Proposal and his opinion.

The above printed forms only should be used. Manuscripts will not be accepted.

CIRCULAR No. 3.

Dated Mysore, the 27th November 1891.

The Heads of all Departments or disbursing officers are hereby requested that with their future Establishment Pay Abstracts they will send in a Statement in the accompanying form No. 10 (printed copies of which have this day been forwarded to them) showing the amount of premiums realized from the officials of their offices.

Whenever an insured person is transferred, promoted, degraded, dismissed or absent on leave or whenever his appointment under Government is affected in any other manner, such changes should be specially noted in the remark column of the statement without fail.

The net amount of the Pay Abstract after deducting the amount of premiums recovered should be drawn from the Treasury.

A. RANGASWAMAIENGAR,
Secretary to the Insurance Committee.

Form No. 10.

MYSORE STATE LIFE INSURANCE.

Monthly Statement of premiums realized in cash or by deduction in the Pay bill at the _____ during the month of _____ 189 .

Date on which the premium was realized.	Policy No.	Name of the Insured.	Amount of premium realized.	Remarks as to transfer, promotion, leave, &c.
		Total.....		

STATION _____

DATE _____ *Signature.*